DEPARTMENT OF SOCIAL AND HEALTH SERVICES APPLICATION FOR ADVISORY BODY APPOINTMENT

		APPLIC	CANT COMPL	ETES			
	(4) - (4)	•	Telephone:				
ame:			Telebuoue:	(Home)		(Work)	
ome	er ty ere		Business Address:				
ddress:	Street			Street			
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	City	Zip		City		Zip	
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oluntary Inf	ormation (to maint	ain broad represer	ntation):		**		
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ADVISORY BODY STAFF PERSON COMPLETES

Staff Person's Name	e:	Phone:		
Staff Person's Addre	occ.			
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What does this pers	on contribute to this co	mmittee (skills, strengths, interests)?		
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Recommendations r	egarding appointment,	based upon analysis of composition of the advisory p:	body and wr	iat the
proposed applicant	would bring to the grou	P		
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Signature				·····
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